

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: MIRCal User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
8. BUSINESS PHONE:	9. BUSINESS FAX:
10. E-MAIL ADDRESS:	
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed MIRCal User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none">1. Create/add and inactivate user accounts for other MIRCal users within my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access.2. Modify the demographic information for my facility's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and e-mail address for each contact. Modifying contact demographic information directly changes the information on the OSHPD database.3. Change passwords for MIRCal users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password.4. Unlock MIRCal user accounts. MIRCal will lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account.5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, MIRCal user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
12. USER ACCOUNT ADMINISTRATOR SIGNATURE:	13. DATE:

Section 2: Facility Administrator Approval *(all information is required) To be completed by the Facility Administrator (CEO or equivalent)*

14. FACILITY ADMINISTRATOR NAME:	15. FACILITY ADMINISTRATOR SIGNATURE:
16. DATE:	17. PHONE NUMBER:

The completed form shall be sent to OSHPD for each User Account Administrator needing MIRCal UAA access. Fax (916) 327-1262 or (916) 322-9555

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed forms for your records. Send the **completed form(s)** to:

Office of Statewide Health Planning and Development
Patient Data Section
818 K Street, Room 100
Sacramento, CA 95814
www.oshpd.ca.gov/mircal

Contact Information
Call your OSHPD Analyst or (916) 324-6147
E-mail mircal@oshpd.ca.gov
Fax (916) 327-1262 or (916) 322-9555

SECTION 1: MIRCAl User Account Administrator Information *(All fields must be completed) -- To be completed by the prospective MIRCAl User Account Administrator.*

1. Facility ID Number: Provide your OSHPD assigned 6 digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (I.e. title, badge number, employee number, etc.)
8. Business Phone: Provide a phone number where you can be contacted.
9. Business Fax: Provide a fax number where you can receive faxes.
10. E-mail address: Provide an e-mail address where you can be contacted.
11. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide your mother's maiden name.
 - b. Provide your city of birth.
12. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
13. Date: Provide the date that the facility agreement was completed and signed.

SECTION 2: Facility Administrator Approval *(All fields must be completed) -- To be completed by the Facility Administrator (CEO or equivalent). This should be the person who directs the overall management of the facility. OSHPD will cross reference this name against the name supplied by your facility as the MIRCAl Facility Administrator contact person.*

14. Facility Administrator Name: Print your name.
15. Facility Administrator Signature: After you have reviewed and approved the completed Facility User Account Administrator Agreement, you must provide your signature indicating approval of person to act as the MIRCAl User Account Administrator.
16. Date: Date of signature.
17. Phone Number: Provide a phone number where you can be reached.

SECTION 3: For OSHPD Use Only